



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
Richard J. Visingardi, Ph.D., Director

February 16, 2004

MEMORANDUM

TO: Area Board Chairs
Area Authority Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs

FROM: Richard J. Visingardi, Ph.D.

RE: **2003-2004 Performance Agreement - Second Quarter Report**

I am pleased to transmit the Division of Mental Health, Developmental Disabilities and Substance Abuse Services' second quarter report of the 2003-2004 Performance Agreements with Area Authorities and County Programs.

Under the 2003-2004 agreements, the Division provides semi-annual reports summarizing results of its monitoring of Area Authorities and County Programs performance and progress on particular contract requirements and provides a semi-annual report detailing all activities. The reports are to include pertinent statewide data and cross-agency comparisons.

State Fiscal Year 2003-2004 is the fifth year the Division has used a Performance Agreement that also serve as performance contracts with its local partners. The current agreement form and contents differ somewhat from their predecessor instruments in that a number of items were deleted or modified from the 2002-2003 Performance Agreement. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

If you have any questions, please let us know.

RJV/tbq

Enclosure

cc: Secretary Carmen Hooker Odom
Lanier Cansler
James Bernstein
DMH/DD/SAS Executive Leadership Team
Mike Mayer

Robin Huffman
Patrice Roesler
Carol Duncan Clayton
Bob Hedrick
Dick Oliver



North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2003-2004 Performance
Agreements with
Area Authorities and County
Programs**

Report on the Second Quarter

October 1, 2003 - December 31, 2003

Prepared by

**Quality Management Team
Community Policy Management Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



February-2004

2003-2004 Performance Agreement Second Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) developed the 1999-2000 Performance Agreement to replace the memorandum of agreement that historically was signed by each Area Authority or County Program and the Division. The creation of this new agreement marked a significant change in the relationship between the Division and the Area Authority and County Programs. The relationship evolved into a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Authority or County Program fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2003-2004 is the fifth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the second quarter report under the 2003-2004 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the second quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Authority or County Program related to current or prior audit program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Section or Team staff member in the reorganized Division structure to contact for information regarding the requirements and/or associated reports.

Note: Area Authority or County Program are no longer required to submit reports to the Division under performance requirement for the following:

Fiscal Management 2:

- Revenue Adjustment Reports
- Volume of Service: Regular UCR, CTSP UCR, MR/MI UCR

Access to Service 1:

- Children in DSS Custody

Accordingly, these requirements are removed from the quarterly reporting system.

Appeal Process

If officials of an Area Authority or County Program believe that information contained in this report is in error, the Area Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Authority or County Program. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Authority Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2003-2004 Performance Agreement Report Schedule

February 2004

The table below shows which requirements will be reported by quarter or otherwise.

Section IV Performance Requirements			Quarterly Report Schedule			
			1st	2nd	3rd	4th
Category	#	Requirement	Nov 15	Feb 15	May 15	Aug 15
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to individuals within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to individuals within overall funding levels.	As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2			
	2	Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following:				
		a. Quarterly Fiscal Monitoring Reports	X	X	X	X
		b. Cost Finding Report		X		
		c. Quarterly Local Business Plan (LBP) updates	X	X	X	X
		d. Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit		X		
		e. Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report		X		X
		f. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
		g. TANF/Work First Initiative Quarterly Reports	X	X	X	X
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)				X
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent				X
B. Accountability	1	Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes	X	X	X	X
	2	Maintain accreditation by a nationally recognized accrediting body	X	X	X	X
	3	Submit timely and complete client data reports for all clients as specified in each of following categories:				
		a. Client Data Warehouse (CDW)	X	X	X	X
		b. Client Outcome Initiative (COI)	X	X	X	X
		c. NC Treatment Outcomes and Program Performance System (TOPPS) Assessments				X
		d. Participate in the Developmental Disabilities Core Indicators Project			X	
		e. Local Community Collaboratives will submit CTSP waiting list data	X	X	X	X
		f. Maintain current, accurate computerized database reflecting content specified for individuals with developmental disabilities	X		X	
		g. Complete the NC SNAP				X
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines		X		
D. Service Delivery	1	Offer an appointment to see individuals who choose the AA/CP for follow-up care within five (5) working days after notification to the AA/CP of discharge from state hospitals and ADATCs. If the individual does not attend the appointment (i.e., no show), the AA/CP will document that reasonable professional efforts were made to see or reschedule the person. Adult Mental Health and Substance Abuse Services				X

2003-2004 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
A. Fiscal Management	1	Maintain responsible accounting, reimbursement and financial management practices	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	2	Submit all reports required by law, regulations or DHHS:			
	a	Quarterly Fiscal Monitoring Reports	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	b	Cost Finding Report	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	c	Quarterly Report Local Business Plan	Dick Oliver Local Management Entity Team Systems Performance Team	(919) 715-1294 Dick.Oliver@ncmail.net	LME Systems Performance Team 3015 Mial Service Center Raleigh, NC 27699-3015
	d	Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit	Maxine Terry, Accountability Team	(919) 881-2446 Maxine.Terry@ncmail.net	Accountability Team MSC 3012 Raleigh, NC 27699-3012
	e	Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Substance Abuse/Juvenile Justice Initiative Quarterly Reports	Terrie Qadura, Quality Management Team	(919)733-0696 Terrie.Qadura@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	TANF/Work First Initiative	Helen Wolstenholme, Best Practice Team	(919) 715-2774 Helen.Wolstenholme@ncmail.net	Best Practice Team 3005 Mail Service Center Raleigh, NC 27699-3005
	h	IPRS Submissions	Deborah Merrill Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Community Policy Management Section 3007 Mail Service Cente Raleigh, NC 27699-3007
	3	Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02)	Rick DeBell, Budget & Finance Team	(919) 733-7013 Rick.DeBell@ncmail.net	Budget & Finance Team 3013 Mail Service Center Raleigh, NC 27699-3013
	4	Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent	Betty Cogswell Information Systems Team	(919) 255-3718	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019

2003-2004 Performance Agreement Contact List

The table below shows the Division Section or Team staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

Category	#	Section IV Requirement (abbreviated)	Division/ Team Contact Person	Phone/Email	Address
B. Accountability	1	Implement corrective actions and management improvements as required	Contact person for Section/Branch issuing the corrective action		
	2	Achieve and maintain accreditation.	Shealy Thompson Quality Management Team	(919) 733-0696 Shealy.Thompson@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	3	Submit timely and complete client data reports:			
	a	Client Data Warehouse (CDW)	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
	b	Client Outcomes Instrument (COI)	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	c	NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment	Spencer Clark, Community Policy Management	(919) 733-4670 Spencer.Clark@ncmail.net	Community Policy Management Section 3007 Mail Service Center Raleigh, NC 27699-3007
	d	Participate in the Developmental Disabilities Core Indicator Project	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	e	Local Community Collaboratives will submit CTSP waiting list data	Maria Fernandez, Quality Management Team	(919) 733-0696 Maria.Fernandez@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	f	Maintain current, accurate computerized database reflecting content specified by the DD Section	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
	g	Complete the NC SNAPP	Candy Helms, Quality Management Team	(919) 733-0696 Candy.Helms@ncmail.net	Quality Management Team 3004 Mail Service Center Raleigh, NC 27699-3004
C. Client Rights and Relations	1	Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients	Deborah Merrill, Information Systems Team	(919) 715-7774 Deborah.Merrill@ncmail.net	Information Systems Team 3019 Mail Service Center Raleigh, NC 27699-3019
D. Service Delivery	1	Offer appointment to see individuals who choose the Area Authority/County Program for follow-up care within 5 working days after notification to the Area Authority/County Program of discharge from state hospitals or ADATCs			
	a	Adult Mental Health	Bonnie Morrell, Best Practices Team	(919) 715-2774 Bonnie.Morrell@ncmail.net	Best Practices Team 3005 Mail Service Center Raleigh, NC 27699-3005
	b	Substance Abuse Services	Doug Baker, State Operated Services Team	(919) 733-3654 Doug.BakerI@ncmail.net	State Operated Services Team 3006 Mail Service Center Raleigh, NC 27699-3006

Fiscal Management 1 - Maintain Responsible Practices

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2

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Fiscal Management 2 - Quarterly Fiscal Monitoring Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the second quarter FY 2003-2004

Area Program/County	1st Qtr FY 03-04 Report Received	2nd Qtr FY 03-04 Report Received	3rd Qtr FY 03-04 Report Received	4th Qtr FY 03-04 Cash-Basis Report Received	4th Qtr FY 03-04 Accrual- Basis Report Received	Comments
Alamance-Caswell	✓					
Albemarle	✓					
Blue Ridge	✓					
Catawba	✓					
CenterPoint	✓					
CrossRoads	✓					
Cumberland	✓					
Davidson	✓					
Duplin-Sampson-Lenoir	✓					
Durham	✓					
Edgecombe-Nash	✓					
Foothills	✓					
Guilford	✓					
Johnston	✓					
Lee-Harnett	✓					
Mecklenburg	✓					
Neuse	✓					
New River	✓					
Onslow	✓					
Orange-Person-Chatham	✓					
Pathways	✓					
Piedmont	✓					
Pitt	✓					
Randolph	✓					
RiverStone	✓					
Roanoke-Chowan	✓					
Rockingham	✓					
Rutherford-Polk	✓					
Sandhills	✓					
Smoky Mountain	✓					
Southeastern Center	✓					
Southeastern Regional	✓					
Tideland	✓					
Trend	✓					
Vance-Granville-Franklin-Warren	✓					
Wake	✓					
Wayne	✓					
Wilson-Greene	✓					

2nd Quarter
reports are not
due until the end
of the month
following the
quarter (1/31/04)

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Fiscal Management 2 - Cost Finding Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Cost Finding Report

Explanation: This report lists Area Programs status regarding submission of required cost findings for the fiscal year ending June 30, 2003, due November 15, 2003.

Area Program/County	Cost Finding Received	Comments
Alamance/Caswell	✓	
Albemarle	✓	
Blue Ridge	✓	
Catawba	✓	
Centerpoint	✓	
Crossroads	✓	
Cumberland	✓	
Davidson	✓	
Duplin-Sampson-Lenoir-Wayne	✓	
Durham	✓	
Edgecombe-Nash	✓	
Foothills	✓	
Guilford	✓	
Johnston	✓	
Lee-Harnett	✓	
Mecklenberg	✓	
Neuse	✓	
New River	✓	
Onslow	✓	
Orange-Person-Chatham	✓	
Pathways	✓	
Piedmont	✓	
Pitt	✓	
Randolph	✓	
RiverStone	✓	
Roanoke-Chowan	✓	
Rockingham	✓	
Rutherford-Polk	✓	
Sandhills	✓	
Smoky Mountain	✓	
Southeastern Center	✓	
Southeastern Regional	✓	
Tideland	✓	
Trend	✓	
VGFW	✓	
Wake	✓	
Wayne	✓	
Wilson-Greene	✓	

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Fiscal Management 2 - Local Business Plan (LBP) Updates

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Local Business Plan (LBP) Updates.

Explanation: This report lists area authorities/county programs that submitted a quarterly LBP update as required.

Area Authority/County Program	July	October	January	April	Comments
Alamance-Caswell	*	X			* Approved to submit in October
Albermarle	X	X			
Catawba	X	X			
Centerpoint	X	X			
Crossroads	X	X			
Cumberland	X	X			
Durham	X	X			
Edgecombe-Nash/Riverstone/Wilson-Greene	X	X			
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	*	X			* Approved to submit in October
Foothills	X	X			
Guilford	X	X			
Johnston	X	X			
Lee-Harnett	X	X			
Mecklenburg	X	X			
Neuse	*	X			* Approved to submit in October
New River	X	X			
Onslow	X	X			
Orange-Person-Chatham	X	X			
Pathways	X	X			
Piedmont-Davidson	X	X			
Pitt	X	X			
Roanoke-Chowan	X	X			
Rockingham	*	X			* Approved to submit in October
Sandhills-Randolph	X	X			
Smoky Mountain	X	X			
Southeastern Center	X	X			
Southeastern Regional	X	X			
Tideland	X	X			
Vance-Granville-Franklin-Warren	X	X			
Wake	X	X			
Western Highlands Network (Blue Ridge-Rutherford-Polk-Trend)	X	X			

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Fiscal Management 2 - Medicaid Audit Reports & Paybacks

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit

Information on this performance requirement can be accessed by visiting the Division web site at <http://www.dhhs.state.nc.us/mhddsas>.

Select the links to **Publications** and **Audit**.

Select the desired Audit Report.

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Fiscal Management 2 - SA/Juvenile Justice Initiative Quarterly Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

AREA PROGRAM/ COUNTY	SA/JUVENILE JUSTICE PROGRAM	Criterion 1				Criterion 2				Criterion 3			
		Receipt of Report from Area Program (Date Received)				Timeliness of Receipt of Report (Yes/No)				Completeness of Report (Yes/No)			
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
# and % of Area Programs Meeting Criterion	Meeting Criterion Reflected by Date or 'Y'	35 (100%)	34 (97.1%)			26 (74.3%)	21 (60%)			34 (97.1%)	34 (97.1%)		
# and % of Area Programs Not Meeting Criterion	Not Meeting Criterion Reflected by 'None' or 'N'	0 (0%)	1 (2.9%)			9 (13.8%)	14 (21.5%)			1 (1.5%)	1 (1.5%)		
Alamance-Caswell	MAJORS	11/5/03	1/29/04			No	No			Yes	Yes		
Albemarle	Multi-Purpose GH	10/29/03	1/19/04			No	Yes			Yes	Yes		
Blue Ridge	Juvenile Detention	10/16/03	1/22/04			Yes	No			Yes	Yes		
	Youth Develop. Ctr.	10/16/03	1/22/04			Yes	No			Yes	Yes		
	BRIDGE Program	10/16/03	1/22/04			Yes	No			Yes	Yes		
CenterPoint	Juvenile Detention	10/29/03	1/22/04			No	No			Yes	Yes		
	MAJORS	10/29/03	1/22/04			No	No			Yes	Yes		
Cumberland	Juvenile Detention	10/23/03	1/14/04			No	Yes			Yes	Yes		
	MAJORS	10/23/03	1/14/04			No	Yes			Yes	Yes		
Durham	Juvenile Detention	10/28/03	1/21/04			No	No			Yes	Yes		
	MAJORS	10/9/03	2/2/04			Yes	No			Yes	Yes		
Eastpoint	Youth Develop. Ctr.	10/16/03	1/16/04			Yes	Yes			Yes	Yes		
	Multi-Purpose GH	10/19/03	1/20/04			Yes	Yes			Yes	Yes		
Foothills	Juvenile Detention	10/24/03	1/29/04			No	No			Yes	Yes		
Guilford	Juvenile Detention	10/9/03	1/13/04			Yes	Yes			Yes	Yes		
	MAJORS	10/14/03	1/6/04			Yes	Yes			Yes	Yes		
Mecklenburg	Juvenile Detention	10/20/03	None			Yes	No			Yes	No		
Neuse	Multi-Purpose GH	10/20/03	1/16/04			Yes	Yes			Yes	Yes		
	MAJORS	10/20/03	1/16/04			Yes	Yes			Yes	Yes		
Pathways	Juvenile Detention	10/20/03	1/20/04			Yes	Yes			Yes	Yes		
Piedmont	Youth Develop. Ctr.	10/20/03	2/4/04			Yes	No			Yes	Yes		
	MAJORS	10/20/03	2/4/04			Yes	No			Yes	Yes		
Pitt	Juvenile Detention	10/17/03	1/20/04			Yes	Yes			Yes	Yes		
	MAJORS	10/13/03	1/16/04			Yes	Yes			Yes	Yes		
Roanoke-Chowan	Multi-Purpose GH	10/21/03	1/19/04			No	Yes			No	Yes		
Rockingham	MAJORS	10/17/03	1/23/04			Yes	No			Yes	Yes		
Sandhills	Juvenile Detention	10/20/03	1/16/04			Yes	Yes			Yes	Yes		
	Youth Develop. Ctr.	10/20/03	1/16/04			Yes	Yes			Yes	Yes		
	MAJORS	10/20/03	1/16/04			Yes	Yes			Yes	Yes		
SE Center	Juvenile Detention	10/13/03	1/16/04			Yes	Yes			Yes	Yes		
SE Regional	Multi-Purpose GH	10/16/03	1/14/04			Yes	Yes			Yes	Yes		
Tideland	MAJORS	10/14/03	1/7/04			Yes	Yes			Yes	Yes		
V-G-F-W	Youth Develop. Ctr.	2/2/03	2/2/04			Yes	No			Yes	Yes		
Wake	Juvenile Detention	10/20/03	1/16/04			Yes	Yes			Yes	Yes		
	MAJORS	10/20/03	1/16/04			Yes	Yes			Yes	Yes		

* Report revisions are designated in **bold and italics** and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Community Policy Management (CPM) Section-Quality Management to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634-G, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of CPM Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The CPM Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 03-04. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the CPM Section State Office by the 20th of the month following the end of the quarter.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2003-2004 Performance for the period of July 1, 2003 through June 30, 2004 are as follows:

Report Quarter: <u>1st</u>	Report Period: <u>07/01/03 – 9/30/03</u>	Due Date: <u>10/20/03</u>
Report Quarter: <u>2nd</u>	Report Period: <u>10/01/03 – 12/31/03</u>	Due Date: <u>01/20/04</u>
Report Quarter: <u>3rd</u>	Report Period: <u>01/01/04– 03/31/04</u>	Due Date: <u>04/20/04</u>
Report Quarter: <u>4th</u>	Report Period: <u>04/01/03 – 06/30/04</u>	Due Date: <u>07/20/04</u>

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the CPM State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie Qadura** at (919) 715-3604 not later than by 5:00 pm on the due date, with verbal confirmation by the program with **Terrie Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Community Policy Management Section-Quality Management if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the Community Policy Management Section-Quality Management with full data for all applicable report sections.

2003-2004 Performance Agreement

Mid-Year Report

July 1, 2003 – December 31, 2003

Fiscal Management 2 - SAPTBG Compliance Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports
Semi-Annual SAPTBG Compliance Report: Mid-Year and Year-End

AREA PROGRAM	Criterion 1		Criterion 2		Criterion 3		Criterion 4		
	Receipt of Report from Area Program (Date Received)		Timeliness of Receipt of Report (Yes/No)		Completeness of Report (Yes/No)		Compliance With 48 Hour Per Report Period Synar Activity (Yes/No)		
	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Mid-Year	Year-End	Combined
# and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes")	29 (80.6%)		22 (61.1%)		28 (77.8%)		21 (58.3%)		
# and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No")	7 (19.4%)		14 (38.9%)		8 (22.2%)		15 (41.7%)		
Alamance-Caswell	None		No		No		No		
Albemarle	1/22/04		No		Yes		Yes		
Blue Ridge	None		No		No		No		
Catawba	1/20/04		Yes		Yes		Yes		
CenterPoint	1/20/04		Yes		Yes		No		
Crossroads	None		No		No		No		
Cumberland	1/16/04		Yes		Yes		Yes		
Davidson	None		No		No		No		
Durham	1/20/04		Yes		Yes		Yes		
EastPointe	1/19/04		Yes		Yes		Yes		
Edgecombe-Nash	1/20/04		Yes		Yes		Yes		
Foothills	1/20/04		Yes		Yes		No		
Guilford	1/20/04		Yes		Yes		No		
Johnston	1/20/04		Yes		No		No		
Lee-Harnett	1/19/04		Yes		Yes		Yes		
Mecklenburg	1/20/04		Yes		Yes		Yes		
Neuse	1/14/04		Yes		Yes		Yes		
New River	1/16/04		Yes		Yes		Yes		
Onslow	1/16/04		Yes		Yes		Yes		
Orange-Person-Chatham	1/23/04		No		Yes		Yes		
Pathways	1/20/04		Yes		Yes		No		
Piedmont-Davidson	1/22/04		No		Yes		Yes		
Pitt	1/16/04		Yes		Yes		Yes		
Riverstone	2/13/04		No		Yes		Yes		
Roanoke-Chowan	1/20/04		Yes		Yes		No		
Rockingham	None		No		No		No		
Rutherford-Polk	None		No		No		No		
Sandhills Center	1/16/04		Yes		Yes		Yes		
Smoky Mountain	2/5/04		No		Yes		No		
Southeastern Center	1/16/04		Yes		Yes		Yes		
Southeastern Regional	1/19/04		Yes		Yes		Yes		
Tideland	1/23/04		No		Yes		No		
Trend	None		No		No		No		
V-G-F-W	1/16/04		Yes		Yes		Yes		
Wake	1/23/04		No		Yes		Yes		
Wilson-Greene	1/20/04		Yes		Yes		Yes		

*Report revisions are designated in ***bold and italics*** and are based on Mid-Year Report data received after January 30, 2004.

I. Performance Agreement Requirement under Fiscal Management 2

The Semi-Annual Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report is to be completed by designated area program staff according to written instructions provided with the report form. Semi-Annual Reports are to be submitted to the Quality Management Team to the attention of Terrie Qadura, SAPTBG Report Coordinator, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634,

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 03-04 Performance Agreement: Semi-Annual SAPTE Compliance Report

The SAS Review Summary of Area Program Compliance for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been developed to provide information about area program compliance with designated criteria that have been selected for the Substance Abuse Prevention and Treatment Block Grant Initiative for SFY 03-04. Evaluation of compliance on individual criterion has been determined through comparison of the area program's documentation on the Semi-Annual Report for the report period for each of the following criterion.

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the Quality Management Team prior to the date of the SAS Review Summary completion. **Meeting of Criterion** is reflected by the listing of "Date" that the report was received. **Not Meeting of Criterion** is reflected by the designation of "None". **Report revisions are designated in bold and italics and are based on Mid-Year Report data received after January 30, 2004.**

Criterion 2: Timeliness of Receipt of Report

The SFY 2003-2004 Semi-Annual SAPTBG Compliance Report Mid-Year Report for the period of July 1, 2003 through December 31, 2003 is due to the Quality Management Team on January 20, 2004.

The SFY 2003-2004 Semi-Annual SAPTBG Compliance Report Year-End Report for the period from January 1, 2004 through June 30, 2004 is due to the Quality Management Team on July 20, 2004.

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and italics and are based on Mid-Year Report data received after January 30, 2004.**

Timeliness of receipt will be determined on the basis of the report being received by Terrie Qadura in the Quality Management Team office **not later than 5:00 p.m. on the due date**. The report may be submitted by one of the following methods:

- By US Mail, commercial carrier, or courier; or
- By E-Mail to **Terrie.Qadura@ncmail.net**; or
- By fax to Terrie Qadura at (919) 715-3604, with verbal confirmation by the program of actual report receipt at (919) 733-0696.

Note: If a report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely if received by 5:00 pm on the first business day following the Due Date.

Criterion 3: Completeness of Entries of Report

Completeness of report will be determined on the basis of submission to the Quality Management Team office with full data and complete service activity for all applicable time periods and report sections. **Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and italics and are based on Mid-Year Report data received after January 30, 2004.**

Criterion 4: Compliance with 48-Hour Per Report Period Synar Activity

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and italics and are based on Mid-Year Report data received after January 30, 2004.**

Compliance with Synar Activity for FY 03-04 will be determined as follows:

- For the Mid-Year Report, a minimum of 48 hours of allowable activity must be documented for the 1st six-month reporting period.
- For the Year-End Report, a minimum of 48 hours of allowable activity must be documented for the 2nd six-month reporting period.
- For the Combined Report for the 12-month period, a minimum of 96 hours during the 12-month period must be documented.

2003-2004 Performance Agreement
Second Quarter Report
October 1, 2003 - December 31, 2003

Fiscal Management 2 - TANF/Work First Initiative Reports

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

Area Program/County	Criterion 1:	Criterion 2:	Criterion 3:	Action:
	% Compliance with Receipt of Report(s) with Data for Each County of Area Program	% Compliance with Timeliness of Receipt of Report(s)	% Compliance with Completeness of Report(s)	Corrective Action Required of Area Program 30 Days From Receipt of Report
# of Area Programs Fully Meeting Each Criterion (100% Score)	12 or 86%	10 or 71%	10 or 71%	
# of Area Programs Not Fully Meeting Each Criterion (< 100% Score)	2 or 14%	4 or 29%	4 or 29%	
Blue Ridge	100%	0%	100%	
Catawba	0%	0%	0%	
CenterPoint	100%	0%	100%	
Cumberland	100%	100%	100%	
Davidson	NA	NA	NA	No QSAP hired
Durham	100%	100%	100%	
Eastpointe (Wayne)	100%	100%	100%	
Edgecombe-Nash	NA	NA	NA	No QSAP hired
Johnston	100%	100%	100%	
Mecklenburg	100%	100%	100%	
Pathways	67%	67%	67%	
Pitt	100%	100%	100%	
Roanoke-Chowan	100%	100%	100%	
Southeastern Area	100%	100%	0%	
Southeastern Regional	100%	100%	0%	
Wake	100%	100%	100%	

I. Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the Community Policy Management Section to the attention of Kathy J. McNeill, Social Research Associate, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 715-2774.

II. SFY 03-04 Report Due Dates for Work First/Substance Abuse Quarterly Reports

Quarter 1: Report Period: July 1, 2003 - September 30, 2003	Due Date: October 20, 2003
Quarter 2: Report Period: October 1, 2003 - December 31, 2003	Due Date: January 20, 2004
Quarter 3: Report Period: January 1, 2004 - March 31, 2004	Due Date: April 20, 2004
Quarter 4: Report Period: April 1, 2004 - June 30, 2004	Due Date: July 20, 2004

III. Description of SAS Review Summary of Area Program Compliance with Division SFY 03-04

Performance Agreement: Work First/Substance Abuse Quarterly Report

The CPM Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%. Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the Community Policy Management Section by the CPM Report Date. Fully meeting criterion is reflected in a score of 100%. Not fully meeting criteria is reflected in a score of less than 100%. Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the CPM Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to Kathy McNeill at (919) 715-3604 by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-0696 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the CPM Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the CPM Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%

Corrective Action Required of Area Program

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Community Policy Management Section by April 29, 2004. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3004 Mail Service Center, Raleigh, NC 27699-3004 or to Suite 634, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 715-2774.

IV. Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the CPM Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

2003-2004 Performance Agreement
Second Quarter Report
October 1, 2003 - December 31, 2003

Fiscal Management 4 - Trading Partner Agreement

Performance Requirement: Submit evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent.

Explanation: This report lists area authorities/county programs that have a signed **Trading Partner Agreement**. A signed TPA is required in order to receive IPRS and Medicaid payments. A **Consolidated Trading Partner Agreement** will be required to submit a HIPAA-compliant 837 transaction for IPRS and Medicaid payments. As of the end of the 2nd Quarter only one county program was required to have a Consolidated TPA. This requirement was met. Many other area authorities/county programs have proactively put one in place in anticipation of this future requirement.

Area Authority/County Program	TPA	Consolidated TPA	Comments
Alamance-Caswell	X	X	
Albermarle	X	X	
Catawba	X	X	
Centerpoint	X	X	
Crossroads	X	X	
Cumberland	X	X	
Durham	X		
Edgecombe-Nash/Riverstone/Wilson-Greene	X	X	
Eastpointe (Duplin/Sampson-Lenoir-Wayne)	X	X	
Foothills	X		
Guilford	X	X	
Johnston	X	X	
Lee-Harnett	X	X	
Mecklenburg	X	X	
Neuse	X		
New River	X	X	
Onslow	X		
Orange-Person-Chatham	X	X	
Pathways	X	X	
Piedmont-Davidson	X	X	
Pitt	X	X	Consolidated TPA required.
Roanoke-Chowan	X	X	
Rockingham	X	X	
Sandhills-Randolph	X	X	
Smoky Mountain	X	X	
Southeastern Center	X	X	
Southeastern Regional	X		
Tideland	X	X	
Vance-Granville-Franklin-Warren	X	X	
Wake	X	X	
Western Highlands Network (Blue Ridge-Rutherford-Polk-Trend)	X	X	

**Accountability 1
Alamance-Caswell**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow- up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				No data submission to the CDW for Quarter 1 (July, Aug & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (Oct., Nov., & Dec.).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03 to Quality Management.

**Accountability 1
Albemarle**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				75% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Blue Ridge**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (December).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				64% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.

Accountability 1
Catawba

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1
CenterPoint**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COL forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				57% of the expected number of initial COL's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Crossroads

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			11/20/2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				84% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.

**Accountability 1
Cumberland**

Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				88% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Davidson**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Davidson Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004			Facility is now closed.	47% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 EastPointe

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (Duplin-Sampson-Lenoir - Nov. & Dec.)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				59% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal, Primary).

**Accountability 1
EastPointe**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).

**Accountability 1
Durham**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				38% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Edgecombe-Nash**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003	09/15/2003			No data submission to the CDW for Quarter 1.
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (Oct., Nov. & Dec.).

Accountability 1 Foothills

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Foothills Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Required Data Fields Exceeds 10% (Ability to Pay & EAP Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004				No data submission to the CDW for Quarter 2 (October).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004				82% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Foothills

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	02/20/2004				Missing Diagnoses Exceeds 10% (Principal)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004				Missing Required Data Fields Exceeds 10% (Ability to Pay, Education Level, Employment Status & EAP Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1
Guilford**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				53% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Johnston**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1
Lee-Harnett**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			11/20/2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				86% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (for August & September) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			11/20/2003	No data submission for facility code 13101 to the CDW for Quarter 1 (Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			11/20/2003	Missing Diagnoses Exceeds 10% (Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				5% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Neuse**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (Sept.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			11/20/2003	No data submission to the CDW for Quarter 1 (Sept.).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				50% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 New River

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			11/20/2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				80% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Onslow**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				85% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Orange-Person-Chatham**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				No data submission to the CDW for Quarter 1 (July, Aug. & Sept.).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (October, November & December).

Accountability 1 Pathways

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				0% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Piedmont

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				51% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1
Pitt**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				83% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Randolph

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (October, November & December).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				51% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 RiverStone

Corrective Actions as of the End of the First Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Required Data Fields Exceeds 10% (Ability to Pay).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Required Data Fields Exceeds 10% (Ability to Pay & Competancy Status).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1
Roanoke-Chowan**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

**Accountability 1
Rockingham**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				75% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.

Accountability 1
Rutherford-Polk

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				29% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

Accountability 1**Rutherford-Polk****Corrective Actions as of the End of the Second Quarter 2003-2004**

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.

Accountability 1 Sandhills

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				58% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				62% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	03/01/2004				Missing Diagnoses Exceeds 10% (Principal and Primary)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).

**Accountability 1
Southeastern Center**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				59% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Southeastern Regional**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				66% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

Accountability 1 Tideland

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
02-03 Performance Agreement 3rd Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tideland Area Program by June 15, 2003.	Child and Family Services	06/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing fourth quarter 02-03 CTSP Waitlist information for Tideland Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
02-03 Performance Agreement 4th Quarter	Accountability 3 (Waitlist): Required Corrective Action is to submit the missing third quarter 02-03 CTSP Waitlist information for Tidelands Area Program by September 15, 2003.	Child and Family Services	09/15/2003				
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted with 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				9% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	02/20/2004				Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).

Accountability 1 Trend

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			Closed in December, 2003	Missing Diagnoses Exceeds 10% (Principal, Primary).
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003			Closed in December, 2003	Missing Substance Abuse Data Exceeds 10% (Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	No data submission to the CDW for Quarter 2 (October, November & December). (Trend has been closed and merged with Blue Ridge & Rutherford-Polk)
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	72% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	Missing Diagnoses Exceeds 10% (Principal)

Accountability 1 Trend

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004.	Data Operations Branch	03/01/2004			Closed in December, 2003	Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Fiscal Management 2 (Semi-Annual SAPTBG Compliance Report). Required Corrective Action is to submit Mid-Year report within 30 days of March 1, 2004.	Quality Management	03/01/2004				No submission of Semi-Annual Report, 7/1/03 - 12/31/03, to Quality Management.

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 1st Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 20, 2003.	Data Operations Branch	11/20/2003				Missing Substance Abuse Data Exceeds 10% (Drug of Choice).
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004	Data Operations Branch	03/01/2004				44% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03
03-04 Performance Agreement 2nd Quarter	Accountability 3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	03/01/2004				Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methedone, UFDS Code).
03-04 Performance Agreement 2nd Quarter	Accountability 3: No data submitted to the Client Data Warehouse Quarter 1. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2004.	Data Operations Branch	03/01/2004				No data submission to the CDW for Quarter 2 (December)

**Accountability 1
Wake**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments
03-04 Performance Agreement 2nd Quarter	Accountability 3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 1, 2004	Data Operations Branch	03/01/2004				30% of the expected number of initial COI's were submitted for the time 07/01/03 - 09/30/03

**Accountability 1
Wilson-Greene**

Corrective Actions as of the End of the Second Quarter 2003-2004

Source/ Origination Date	Description of Required Corrective Action	Section/ Branch Requiring Corrective Action	Due Date for Corrective Action Plan/ Corrective Action	Approval Date of Corrective Action Plan/ Corrective Action	Date of Section/ Branch Follow-up to Verify Implementation	Date of Issues Being Fully Resolved	Comments

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Accountability 2 - Accreditation

Performance Requirement

Area Program/County	Accreditation Agency	Expiration Date	Maintenance of Accreditation Verified	Remarks
Alamance-Caswell	COA	07/31/2004	Due 2/15/04	
Albemarle	COA	01/31/2005	Due 2/15/04	
Catawba	COA	09/30/2005	Due 2/15/04	
CenterPoint	COA	04/30/2005	Due 2/15/04	
Crossroads	COA	05/31/2005	Due 2/15/04	
Cumberland	COA	07/31/2007	Due 2/15/04	Cumberland Area Program successfully renewed its accreditation with COA. Congratulations!
Davidson	COA	07/31/2005	Due 2/15/04	
Durham	COA	07/31/2005	Due 2/15/04	
Eastpointe	COA	01/31/2005	Due 2/15/04	Due to the merger of Duplin-Sampson-Lenoir Area Program and Wayne County, the COA expiration date has changed.
Edgecombe-Nash	COA	11/30/2005	Due 2/15/04	
Foothills	COA	06/30/2006	Due 2/15/04	
Guilford	COA	07/31/2004	Due 2/15/04	
Johnston	DMHDDSAS	TBD	10/2003 LBP Update received	Johnston's COA accreditation expired on 7/31/03. Its initial certification as a Phase III LME is under review.
Lee-Harnett	COA	10/31/2004	Due 2/15/04	
Mecklenburg	NCQA	09/20/2005	Due 5/23/05	Mecklenburg County has achieved full accreditation as an MBHO. Congratulations!
Neuse	COA	11/30/2004	Due 2/15/04	
New River	COA	06/30/2005	Due 2/15/04	
Onslow	COA	02/28/2005	Due 2/15/04	
Orange-Person-Chatham	COA	12/31/2004	Due 2/15/04	
Pathways	COA	06/30/2005	Due 2/15/04	
Piedmont	COA	07/31/2005	Due 2/15/04	
Pitt	COA	07/31/2006	Due 2/15/04	
Randolph	COA	06/30/2004	Due 2/15/04	
RiverStone	COA	11/30/2005	Due 2/15/04	
Roanoke-Chowan	COA	02/28/2005	Due 2/15/04	
Rockingham	COA	04/30/2005	Due 2/15/04	
Sandhills Center	COA	01/31/2005	Due 2/15/04	Due to the merger of Sandhills Area Program and Randolph County, the COA expiration date has changed.
Smoky Mountain	DMHDDSAS	06/30/2006	10/2003 LBP Update received	Smoky Mountain's COA accreditation expired on 11/30/03. It received its initial LME certification on 7/1/03.
Southeastern Center	COA	02/28/2005	Due 2/15/04	
Southeastern Regional	COA	06/30/2005	Due 2/15/04	
Tideland	COA	05/31/2005	Due 2/15/04	
V-G-F-W	COA	12/31/2005	Due 2/15/04	
Wake	COA	07/31/2005	Due 2/15/04	
Wayne	COA	01/31/2005	Due 2/15/04	
Western Highlands Network	COA	TBD	Due 2/15/04	Due to the merger of Blue Ridge, Rutherford-Polk and Trend Area Programs, COA will determine a new accreditation expiration date.
Wilson-Greene	COA	12/31/2004	Due 2/15/04	

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Accountability 3 - Submit Timely and Complete Client Data Reports

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of January 29, 2004

Area Program/County	Facility Code	OCT	NOV	DEC	Second Quarter Adm 04	Second Quarter Adm 03	Monthly Average 04	Monthly Average 03
Alamance-Caswell	23051	0	0	0	0	411	0	137
Albemarle	43121	168	107	108	383	541	128	180
Blue Ridge	13021	306	215	0	521	724	174	241
Catawba	13091	222	173	155	550	583	183	194
CenterPoint	23021	393	303	246	942	968	314	323
CrossRoads	23011	353	240	226	819	941	273	314
Cumberland	33051	265	187	176	628	841	209	280
Davidson	33021	132	86	7	225	327	75	109
Duplin-Sampson	43131	23	0	0	23	345	8	115
Durham	23071	171	122	59	352	223	117	74
Edgecombe-Nash	43051	0	0	0	0	505	0	168
Foothills	13051	0	72	68	140	290	47	97
Guilford	23041	572	412	220	1,204	1,381	401	460
Johnston	33071	161	112	108	381	388	127	129
Lee-Harnett	33061	121	84	49	254	277	85	92
Lenior	43081	29	6	0	35	156	12	52
Mecklenburg								
Carolina Medic	13101	360	243	204	807	1,068	269	356
Child Dev. Disabilities	13102	193	162	108	463	1,019	154	340
Neuse	43071	99	78	90	267	271	89	90
New River	13030	165	98	70	333	437	111	146
Onslow	43021	97	55	35	187	464	62	155
Orange-Person-Chatham	23061	0	0	0	0	348	0	116
Pathways	13081	508	272	293	1,073	1,539	358	513
Piedmont	13121	145	239	188	572	148	191	49
Pitt	43091	197	135	112	444	481	148	160
Randolph	33101	0	0	0	0	401	0	134
RiverStone	43061	59	46	59	164	252	55	84
Roanoke-Chowan	43101	84	62	56	202	299	67	100
Rockingham	23031	120	95	79	294	324	98	108
Rutherford-Polk	13061	81	63	65	209	150	70	50
Sandhills	33031	269	177	80	526	654	175	218
SE Center	43011	267	194	211	672	733	224	244
SE Regional	33041	135	107	100	342	348	114	116
Smoky Mountain	13010	292	238	175	705	718	235	239
Tideland	43111	172	169	122	463	404	154	135
Trend	13041	1	1	0	2	246	1	82
V-G-F-W	23081	88	25	7	120	416	40	139
Wake	33081	322	184	142	648	753	216	251
Wayne	43031	108	83	64	255	353	85	118
Wilson-Greene	43041	76	50	54	180	287	60	96
TOTAL ADMISSIONS		6,754	4,895	3,736	15,385	14,921	5,128	4,974

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Second Quarter Report
October 1, 2003 - December 31, 2003

Accountability 3 - Missing Diagnosis

**Performance Requirement: Missing Principal or Primary Diagnosis in the CDW-
Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 1 (Jul-Sept 2003)

Area Program/County	AREA CODE	PRINCIPAL DIAGNOSIS	PRIMARY DIAGNOSIS
Alamance-Caswell	205	0%	0%
Albemarle	412	4%	3%
Blue Ridge	102	0%	0%
Catawba	109	0%	0%
CenterPoint	202	9%	7%
Crossroads	201	15%	14%
Cumberland	305	1%	1%
Davidson	302	1%	1%
EastPointe	413	20%	14%
Durham	207	0%	0%
Edgecombe-Nash	405	0%	0%
Foothills	105	34%	6%
Guilford	204	3%	2%
Johnston	307	0%	0%
Lee-Harnett	306	3%	3%
Mecklenburg	110	4%	4%
Neuse	407	3%	3%
New River	103	0%	2%
Onslow	402	3%	3%
Orange-Person-Chatham	206	0%	0%
Pathways	108	3%	2%
Piedmont	112	53%	48%
Pitt	409	3%	2%
Randolph	310	2%	2%
RiverStone	406	9%	5%
Roanoke-Chowan	410	1%	0%
Rockingham	203	0%	0%
Rutherford-Polk	106	27%	25%
Sandhills	303	2%	1%
SE Center	401	0%	1%
SE Regional	304	1%	2%
Smoky Mountain	101	12%	13%
Tideland	411	4%	3%
Trend	104	11%	7%
V-G-F-W	208	4%	4%
Wake	308	5%	5%
Wilson-Greene	404	5%	1%

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Accountability 3 - Missing Required Fields

**Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Client Data Warehouse (CDW) - Missing Required Fields in the CDW - Not to exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 Jul-Sep 2003 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 1.

Area Program/County	AREA CODE	STATE OF RESIDENCE	ABILITY TO PAY	COMPETENCY STATUS	COURT ORDER TYPE	EAP CODE	EDUCATION LEVEL	EMPLOYMENT STATUS	VETERAN STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%	0%	0%	0%
Catawba	109	0%	0%	0%	0%	0%	0%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%	0%	0%	0%
Crossroads	201	0%	1%	0%	0%	0%	0%	0%	0%
Cumberland	305	0%	0%	0%	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%	0%	0%	0%
EastPointe	413	0%	0%	0%	0%	0%	0%	0%	0%
Durham	207	0%	8%	0%	0%	0%	0%	1%	1%
Edgecombe-Nash	405	0%	0%	0%	0%	0%	0%	0%	0%
Foothills	105	0%	15%	3%	0%	32%	13%	18%	0%
Guilford	204	0%	0%	0%	0%	0%	0%	0%	0%
Johnston	307	0%	0%	0%	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	0%	0%	0%	0%
Mecklenburg	110	0%	1%	1%	0%	0%	8%	0%	0%
Neuse	407	0%	0%	0%	0%	0%	0%	0%	2%
New River	103	0%	0%	0%	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%	0%	0%	0%
Piedmont	112	0%	0%	0%	0%	0%	10%	1%	0%
Pitt	409	0%	0%	0%	0%	0%	0%	0%	0%
Randolph	310	0%	0%	0%	0%	1%	0%	0%	7%
RiverStone	406	0%	100%	12%	0%	0%	1%	1%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%	0%	0%	0%
SE Center	401	0%	0%	0%	0%	0%	0%	0%	0%
SE Regional	304	0%	0%	0%	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	0%	0%	0%	0%	0%	0%	0%
Tideland	411	0%	2%	0%	0%	0%	0%	0%	0%
Trend	104	0%	6%	7%	0%	0%	1%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%	0%	0%	0%
Wilson-Greene	404	0%	0%	0%	0%	0%	0%	0%	0%

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Accountability 3 - Missing Substance Abuse Data

Performance Requirement: Missing Substance Abuse Data in the CDW- Not To Exceed 10%

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with a principal or primary diagnosis of substance abuse who were missing required substance abuse data.

Area Program/County	AREA CODE	DRUG OF CHOICE	SERVICE TYPE	METHADONE	UFDS
Alamance-Caswell	205	0%	0%	0%	0%
Albemarle	412	4%	3%	3%	3%
Blue Ridge	102	1%	0%	0%	0%
Catawba	109	3%	3%	3%	3%
CenterPoint	202	1%	0%	0%	0%
Crossroads	201	7%	8%	8%	8%
Cumberland	305	0%	0%	0%	0%
Davidson	302	2%	2%	2%	2%
EastPointe	413	1%	27%	27%	27%
Durham	207	4%	0%	0%	0%
Edgecombe-Nash	405	0%	0%	0%	0%
Foothills	105	46%	48%	48%	48%
Guilford	204	1%	3%	3%	3%
Johnston	307	2%	2%	2%	2%
Lee-Harnett	306	5%	5%	5%	5%
Mecklenburg	110	7%	7%	7%	7%
Neuse	407	5%	5%	5%	5%
New River	103	1%	1%	1%	1%
Onslow	402	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%
Piedmont	112	60%	100%	100%	100%
Pitt	409	10%	3%	3%	3%
Randolph	310	4%	7%	7%	7%
RiverStone	406	16%	100%	100%	100%
Roanoke-Chowan	410	0%	4%	4%	4%
Rockingham	203	0%	0%	0%	0%
Rutherford-Polk	106	61%	64%	64%	64%
Sandhills	303	0%	4%	4%	4%
SE Center	401	2%	1%	1%	1%
SE Regional	304	0%	0%	0%	0%
Smoky Mountain	101	17%	11%	11%	11%
Tideland	411	4%	20%	20%	20%
Trend	104	11%	40%	40%	40%
V-G-F-W	208	22%	21%	21%	21%
Wake	308	3%	1%	1%	2%
Wilson-Greene	404	1%	0%	0%	0%

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Accountability 3 - Unknown Values in Mandatory Fields

**Performance Requirement: Unknown Values in Mandatory Fields in the CDW-
Not To Exceed 15%**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with unknown values in mandatory data fields.

Percentage Unknown Quarter 1 (Jul-Sept 2003)						
Area Program/County	AREA CODE	COUNTY	RACE	ETHNICITY	GENDER	MARITAL STATUS
Alamance-Caswell	205	0%	0%	0%	0%	0%
Albemarle	412	0%	0%	0%	0%	0%
Blue Ridge	102	0%	0%	0%	0%	0%
Catawba	109	0%	0%	3%	0%	0%
CenterPoint	202	0%	0%	0%	0%	0%
Crossroads	201	0%	2%	5%	0%	2%
Cumberland	305	0%	0%	0%	0%	0%
Davidson	302	0%	0%	0%	0%	0%
EastPointe	413	0%	1%	3%	0%	5%
Durham	207	0%	3%	4%	0%	5%
Edgecombe-Nash	405	0%	0%	0%	0%	0%
Foothills	105	0%	0%	0%	0%	0%
Guilford	204	0%	0%	1%	0%	1%
Johnston	307	0%	0%	0%	0%	0%
Lee-Harnett	306	0%	0%	0%	0%	4%
Lenior	408	0%	0%	0%	0%	1%
Mecklenburg	110	0%	0%	2%	0%	0%
Neuse	407	0%	0%	3%	0%	0%
New River	103	0%	0%	0%	0%	0%
Onslow	402	0%	0%	0%	0%	0%
Orange-Person-Chatham	206	0%	0%	0%	0%	0%
Pathways	108	0%	0%	0%	0%	0%
Piedmont	112	3%	2%	9%	0%	2%
Pitt	409	0%	1%	0%	0%	5%
Randolph	310	0%	0%	1%	0%	0%
RiverStone	406	0%	1%	0%	0%	0%
Roanoke-Chowan	410	0%	0%	0%	0%	0%
Rockingham	203	0%	0%	0%	0%	0%
Rutherford-Polk	106	0%	0%	0%	0%	0%
Sandhills	303	0%	0%	0%	0%	0%
SE Center	401	0%	1%	2%	0%	1%
SE Regional	304	0%	0%	0%	0%	0%
Smoky Mountain	101	0%	1%	1%	0%	0%
Tideland	411	1%	0%	0%	0%	1%
Trend	104	0%	5%	5%	0%	0%
V-G-F-W	208	0%	0%	0%	0%	0%
Wake	308	0%	0%	0%	0%	0%
Wayne	403	0%	2%	3%	0%	2%
Wilson-Greene	404	0%	0%	0%	0%	0%

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Accountability 3 - Client Outcome Instruments

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **Client Outcomes Instruments (COI)**

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 7/1/2003 through 9/30/2003.

1	2	3	4	5	6
Area Program Name	Admission Records Ending 3 or 6 in CDW	Admission COIs Submitted (3/6 Sampling Criterion)	NC TOPPS Admission Forms Ending in 3/6	Required Admission COIs As Percentage of CDW Admissions	% of Admission COIs and Admission NC TOPPS As Percentage of CDW
Alamance-Caswell	0	0	0	0%	0%
Albemarle	91	68	0	75%	75%
Blue Ridge	143	86	6	60%	64%
Catawba	95	87	0	92%	92%
CenterPoint	190	66	43	35%	57%
Crossroads	134	111	0	84%	84%
Cumberland	137	120	0	88%	88%
Davidson	62	27	2	44%	47%
EastPointe	163	97	0	60%	59%
Durham	73	25	3	34%	38%
Edgecombe-Nash	0	0	0	0%	0%
Foothills	44	36	0	82%	82%
Gaston-Lincoln	280	0	0	0%	0%
Guilford	293	136	19	46%	53%
Johnston	90	87	0	97%	97%
Lee-Harnett	50	43	0	86%	86%
Mecklenburg	96	5	0	5%	5%
Neuse	48	24	0	50%	50%
New River	86	69	0	80%	80%
O-P-C	0	0	0	0%	0%
Onslow	61	52	0	85%	85%
Piedmont	124	39	24	31%	51%
Pitt	65	51	3	78%	83%
Randolph	56	34	0	61%	61%
River Stone	32	31	0	97%	97%
Roanoke Chowan	40	38	0	95%	95%
Rockingham	64	48	0	75%	75%
Rutherford-Polk	58	17	0	29%	29%
Sandhills	127	47	27	37%	58%
Smoky Mountain	162	101	1	62%	62%
Southeastern	121	51	42	62%	59%
Southeastern Reg	76	37	13	49%	66%
Tideland	78	0	7	0%	9%
Trend	46	33	0	72%	72%
V-G-F-W	59	21	6	36%	44%
Wake	172	35	16	20%	30%
Wilson-Greene	40	37	0	93%	93%
Statewide Total	3,456	1,759	212	51%	57%

2003-2004 Performance Agreement
Second Quarter Report
October 1, 2003 to December 31, 2003

Accountability 3 - CTSP Waiting List

Performance Requirement: Submit timely and complete client data reports for all clients as specified: The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.

Area Program/County	Waiting List Data Submitted
Alamance-Caswell	Yes
Albemarle	Yes
Blue Ridge	Yes
Catawba	Yes
CenterPoint	Yes
Crossroads	Yes
Cumberland	Yes
Davidson	Yes
Duplin-Sampson-Lenoir	Yes
Durham	Yes
Eastpointe	Yes
Edgecombe-Nash	Yes
Foothills	Yes
Guilford	Yes
Johnston	Yes
Lee-Harnett	Yes
Mecklenburg	Yes
Neuse	Yes
New River	Yes
Onslow	Yes
Orange-Person-Chatham	Yes
Pathways	Yes
Piedmont	Yes
Pitt	Yes
Randolph	Yes
RiverStone	Yes
Roanoke-Chowan	Yes
Rockingham	Yes
Rutherford-Polk	Yes
Sandhills	Yes
Smoky Mountain	Yes
Southeastern Center	Yes
Southeast Regional	Yes
Tideland	Yes
Trend	Yes
Vance-Granville-Franklin-Warren	Yes
Wake	Yes
Western Highlands	Yes
Wilson-Greene	Yes